

For Staff Use Only:					
Project Number					

Today's Date:	
Name of Project:	
Property Address:	
Total Permit Cost	

IF TH	IS IS A RE-SUBMIT	ITAL, PLEASE
LIST	THE LAST SUBMIT	TTAL DATE:
IF TH	IS IS A REMODELI	NG, ADDITION
OR A	MENDMENT, PLEA	ASE LIST THE
ORIG	INAL SUBMITTAL	DATE
		IF KNOWN

Any item incomplete on the application or checklist, or any item not shown on the plan as indicated, will be just cause for denial of application submittal, requiring re-submittal for the next month's agenda. NO EXCEPTIONS

Check box								
for your							Staff Verification	
use								
	A properly dimensioned site	plan based on ex	act survey and/or properly recor	ded plat(s) of the prop	erty (attach copy of su	urvey or recorded plat)		
	Drawn to scale by a licensed surveyor, engineer, or archetect or drawn to a recognized graphic standard - scale used must be stated on plan							
	Sufficient size to show all required items							
	You MUST provide (8) copies of site plan page only (preferred size is 24' x 36' - minimum allowed is 11' x 17")							
	If additional site plan related pages are provided for detail, civil plans, etc. then a minimum of 4 copies must be provided (preferred size is 24' x 36' - minimum allowed is 11' x 17")							
	You MUST provide (1) redu	uced copy of site	e plan page(s) (preferred size i			()		
			FLOOD ZONE MU	JST BE DELINEATED	ON THE SITE PLAN			
	Flood zone(s)		FIRM Map #		FIRM Panel(s)			
	Three (3) Flood Elevation Certificates (EC's) will be required if the property is in a Special Flood Hazard Area, as follows: Pre-Construction EC's required PRIOR to Site Plan Review Approval; Under Construction EC's required at slab stage of construction; and Post Construction EC's required prior to issuance of a Certificate of Occupancy.							
Check box for your use								Staff Verification
	North Arrow Development Name							
	Vicinity Map	Number of Lots (pare	cels)					
	Adjacent City Streets/ Alleys Adjacent Lots Current Use (actual use-not zoning, such as: Re				zoning, such as: Resid	ential, Multi-Family, War	ehouse,etc.) or adjacent business	
	Physical Street Address		name(s)					
	Adjacent Lots Zoning Classif	fications	Note: Contact E-91	Addressing @ (601	794-3911 for physica	al street address assig	nment	
Check box for your	REQUIRED PROPERTY AND STRUCTURE SPECIFICATIONS							Staff Verification
use					Specify		Note(s)	
	Overall project area square f	<u> </u>					You must provide the total	
	Project disturbed area squar	<u> </u>	,	16 11 11 11	***		disturbed area verses project area	
	will this project be built on Fill of Existing Ground II on Fill indicate quantity						as a note on actual site plan	
	Structure Type (metal, brick,						And	
	Facility Type (Single-family, multi-family, townhouse, etc.)							
	If Apartments:		Total Buildings	Total Un	ITS	with a breakdown of number of		
							units per each	